IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Leymaster et al.

Art Unit: 2176

Serial No.: 10/092,101

Examiner: Quoc A. Tran

Filed: March 6, 2002

For:

METHODS AND SYSTEMS

FOR GENERATING

DOCUMENTS

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is: Transmittal and Amendment in response to Office Action dated April 3, 2007 (27 pages)

STATUS

Applicant

claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.									
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
Exte	ension for r	response within:	Other than small entity Fee	Small entity Fee (if applicable)						
		irst month	\$ 120.00	\$ 60.00						
		second month	\$ 450.00	\$ 225.00						
		third month	\$ 1,020.00	\$ 510.00						
		fourth month	\$ 1,590.00	\$ 795.00						
		fifth month	\$ 2,160.00	\$1,080.00						
			Fee Due	\$ 120.00						
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
Extension fee due with this request \$ 120.00										
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

4.	The fee	for cla	ims (3/ (J.F.K. 1.10(0)-(a)) nas c	een calculated as s	ΠΟWII	OTHER THAN				
	(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY		SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE				
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$				
INDEP.			MINUS		=	x \$100.00 = \$		x \$200.00 = \$				
	FIRST PRESENTATION OF			MULTIPLE DEP. (CLAIM	+\$180.00 = \$		+ \$360.00 = \$				
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$				
	(a)	\boxtimes	No add	itional fee for		required						
	-4.	_			OR							
	(b)		Total a	dditional fee	for claims	required \$						
				FER	E PAYME	NT						
5.	Attached is a check in the sum of \$											
				t Account No		the sum of <u>\$120.00</u> ed.	<u>).</u>					
				FEE I	DEFICIEN	NCY						
6. If any additional extension and/or fee is required, chargon 01-2384.								sit Account No.				
	AND/OR											
		If any 2384.	addition	al fee for clai	ms is requi	red, charge Deposi	t Acc	ount No. 01-				
7.		Other:	:									
					Reg ARI One St. I	iel M. Fitzgerald No. 38,880 MSTRONG TEAS: Metropolitan Squa Louis, MO 63102						